UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/2000/1
6 December 1999

ORIGINAL: ENGLISH

First regular session, 2000
24 – 28 and 31 January 2000, New York
Item 8 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

UNFPA INTERCOUNTRY PROGRAMME, 2000-2003

Report of the Executive Director

CONTENTS

Page

I. EXECUTIVE SUMMARY 2
II. INTRODUCTION 3
III. LESSONS LEARNED 7
IV. PROPOSED INTERCOUNTRY PROGRAMME, 2000-2003 9

A. Linkages between various parts of the programme 9
B. Goals and purposes, and their indicators 11
C. Overall strategy 12
D. Outputs of the programme 13
1. Reproductive health 13
2. Population and development strategies 18
3. Advocacy 21
E. Management of the programme, including monitoring and evaluation 24

V. RECOMMENDATION 26

/...

99-37701

I. EXECUTIVE SUMMARY

1. The proposed UNFPA intercountry programme, 2000-2003, is designed to produce the information, tools, strategies and approaches needed to help countries build their capacity to further implement the Programme of Action of the International Conference on Population and Development (ICPD), and the key future actions agreed at the United Nations General Assembly Special Session (UNGASS) on the ICPD+5 review and appraisal.

2. The fundamental premise of the intercountry programme is that certain needs of countries are more effectively and efficiently addressed through regional and interregional initiatives. Although managed through regional or global institutions, the activities of the intercountry programme are most often either implemented in countries or are carried out in full consultation with countries. The regional programmes are generally more closely related to programmatic and operational issues, and act as a bridge between interregional and country activities, while outputs at the interregional level provide certain tools and models for eventual use in countries. Another aspect of the rationale for intercountry activities is the need to promote, through awareness creation and advocacy, global issues such as gender equality and equity and reproductive rights. A review of the Fund's intercountry programme for 1996-1999 is provided in the addendum to this report.

3. The rationale of the intercountry programme is further delineated in section II of this report. Table 3 gives examples of how country needs drive the expected outputs of the intercountry programme at both regional and interregional levels. For example, in response to a country level need to improve the competency and skills of staff, prototype training curricula, materials and new methods would be developed at the interregional level and adapted/disseminated at the regional level. Similarly, for country-level assessment of reproductive health status and needs, instruments such as situation-analysis protocols would be developed at the interregional level and disseminated through the regional programme, with training in the use of such instruments being provided at the regional level. The collection, analysis and dissemination of best practices in key areas (for example, gender mainstreaming) would be undertaken at both global and regional levels to contribute to improved effectiveness of national programmes.

4. The intercountry programme also establishes linkages between sectors, and across regions. For example, comparative data collected and analysed at global level on adolescents and their reproductive health, including their knowledge, attitudes and behaviour, are subsequently used for the preparation of advocacy materials that would prove more effective because they are based on pertinent and specific data and information. These materials would be used to establish a more positive environment towards adolescents and their reproductive health needs, through advocacy work at interregional and regional levels. A more conducive environment would then facilitate the introduction, at country level, of operational approaches

which have been developed and tested through the reproductive health component of the interregional programme and meet the information and service needs of adolescents.

5. As regards links across regions, an example is the Fund's approach to training pertaining to the ICPD Programme of Action. Regional training institutions have been encouraged to develop and use a core ICPD training module to ensure uniformity of basic content. However, the same institutions have also been encouraged to develop additional modules on different aspects of the ICPD Programme of Action, such as adolescents, sexually transmitted diseases (STDs), including HIV/AIDS, and community involvement, according to their specific areas of competence and expertise. This allows cross-regional exchanges of experiences and approaches, when trainees from different regions attend a particular course, while ensuring that whichever institution is attended, the trainee receives a core training package.

6. Carefully prioritized within the programming expenditure authority approved by the Executive Board, the proposed intercountry programme reflects an almost 20 per cent reduction as compared to the previous programme. The proposed distribution of resources (regular and other), in the total amount of $160 million, would be as follows: $93 million for the interregional programme; $25 million for the regional programme for sub-Saharan Africa; $12 million for Arab States and Europe; $17 million for Asia and the Pacific; and $13 million for Latin America and the Caribbean. In terms of distribution of resources (regular and other) by programme area, the breakdown would be as follows: $76 million for reproductive health; $45 million for population and development strategies (PDS); and $39 million for advocacy.

7. The expected outputs of the proposed intercountry programme are delineated in section IV. D of this report, under the respective programme priority areas: reproductive health; population and development strategies; and advocacy. The report concludes by outlining how the programme would be managed, including information on monitoring and evaluation.

8. The elements for a possible Executive Board decision are contained in paragraph 81 of this report.

II. INTRODUCTION

9. This report presents the proposed UNFPA intercountry programme for 2000-2003. This would be the fourth cycle of the programme. The intercountry programme is designed to produce the information, tools, strategies and approaches needed to help countries build their capacity to further implement the ICPD Programme of Action, and the key future actions agreed at the United Nations General Assembly Special Session on the ICPD+5 review and appraisal.

10. The proposed intercountry programme has been developed in the context of: (a) the ICPD Programme of Action; (b) the programme priorities of UNFPA as endorsed by the Executive

Board in decision 95/15; (c) the ICPD+5 review process and the resulting key actions for further implementation of the ICPD Programme of Action; (d) a comprehensive review of the outputs and constraints of the intercountry programme for 1996-1999 and of the lessons learned (see also DP/FPA/2000/1/Add.1); (e) the United Nations reform process, including the Common Country Assessment (CCA), the United Nations Development Assistance Framework (UNDAF), the Resident Coordinator system and the follow-up to recent United Nations global conferences; and (f) other major trends affecting development assistance such as health and social sector reform, sector-wide approaches, decentralization, and greater involvement of civil society.

11. The proposed programme is based on an assessment of country needs, which remain the major focus of the Fund's assistance, and an identification of those selected needs that can best or only be met through activities at intercountry level. These needs have been identified through an extensive consultative process carried out both within and outside the organization. This has included: inputs from UNFPA thematic evaluations, the UNFPA field enquiry conducted as part of the ICPD+5 process, UNFPA country offices and the Technical Advisory Programme (TAP); needs identified through the Fund's country population assessment exercises and the CCA and UNDAF where applicable; and inputs from numerous organizations and individual experts with knowledge and experience in the Fund's main areas of work. Formulated using a results-based, logical framework (logframe) approach, the proposed programme has been carefully prioritized within the programming expenditure authority approved by the Executive Board, and reflects an almost 20 per cent reduction as compared to the previous programme.

12. The proposed programme covers various areas of work where the outputs of activities at the interregional and regional levels would make specific contributions to the development and implementation of national programmes. Such areas include, among others, research, development of strategies and advocacy on: the lack of access to quality reproductive health information and services, discrimination against women and girls; the HIV/AIDS epidemic; the high level of maternal mortality and morbidity; the vulnerability of adolescents -- especially girls -- to reproductive and sexual risks; and the lack of sound databases and indicators to plan, manage, monitor, evaluate and implement national policies and programmes.

13. While the intercountry programme covers the three core programme areas of UNFPA -- reproductive health, including family planning and sexual health; population and development strategies; and advocacy -- it is specifically targetted to selected issues that require action at intercountry level. The programme consists of five components: an interregional programme and regional programmes for Africa, Arab States and Europe, Asia and the Pacific, and Latin America and the Caribbean. The five components are mutually supportive and are linked both to the needs of the countries and to each other. For example, some regional activities respond to a common need identified in a number of countries in the region, while other regional activities help disseminate and introduce the products of the interregional programme. The fundamental rationale for the intercountry programme is that activities such as the development and

introduction of new technologies and new tools for operational strategies are more cost-effective when undertaken at the interregional and regional levels; and that outputs can be used to further strengthen national capacity in a more effective and efficient manner through a network of regional and country institutions.

14. To maximize impact, the new intercountry programme would seek greater coordination and wider collaboration with programme countries and other development partners, including such United Nations partners as WHO, UNICEF, UNDP, UNAIDS, UNIFEM, the United Nations Department for Economic and Social Affairs, the United Nations Regional Commissions, the World Bank, the regional development banks, as well as intergovernmental organizations, civil society organizations, including non-governmental organizations (NGOs), regional networks of national NGOs, foundations, universities, and professional and academic organizations. Since the TAP plays an important role in the provision of technical support to national programmes, Country Technical Services Teams (CSTs) and the Technical Advisory Services Specialists (TAS) participated in the conceptualization and development of the intercountry programme and would provide technical support for programme implementation and monitoring. The participation of the TAP would help to ensure that the outputs of the programme were utilized and applied directly at national level.

15. In keeping with Executive Board decision 99/13 on the workplan for 2000-2003 and programme expenditure authority, UNFPA proposes to support an intercountry programme for 2000-2003, in the amount of $160 million, of which $142 million would be programmed from the Fund's regular resources and the balance of $18 million would be sought through co-financing modalities and/or other resources[1], including regular resources, to the extent such resources are available. The proposed distribution of resources is given in Tables 1 and 2.

[1] A number of bilateral donors and foundations, for instance, the Department for International Development (United Kingdom); the Government of Belgium; the Swedish International Development Cooperation Agency; the United Nations Foundation; the Bill & Melinda Gates Foundation and the David & Lucile Packard Foundation have indicated areas of interest for future funding, such as: reproductive health in emergency situations; HIV/AIDS in Africa; maternal mortality reduction; migration; the global initiative on reproductive health commodity management; ageing; and distance learning. Some contributions have already been made.

Table 1: Proposed distribution of resources (regular and other) in the intercountry programme, 2000-2003

($ millions)

Programme	Regular resources	Other resources	Total
Interregional	82	11	93
Africa	22	3	25
Arab States and Europe	11	1	12
Asia and the Pacific	15	2	17
Latin America and the Caribbean	12	1	13
Total	142	18	160

Table 2: Proposed distribution of resources by programme area and funding source

($ millions)

	Regular resources	Other resources	Total
Reproductive health	65	11	76
Population and development strategies	41	4	45
Advocacy	36	3	39
Total	142	18	160

III. LESSONS LEARNED

16. The UNFPA intercountry programme, 1996-1999, approved by the Executive Board in decision 95/37, provided support in three areas: reproductive health; population and development strategies; and advocacy. A fuller review of the achievements and lessons learned is presented as an addendum to this document (see DP/FPA/2000/1/Add.1). The intercountry programme proved instrumental in developing new contraceptive options, and in supporting research which continued to confirm the safety and effectiveness of existing methods. The programme was essential to jump-start global initiatives, for example, the global initiative on reproductive health commodity management. Global support was also essential for developing training programmes in population and development and reproductive health, and new approaches to training, for example, distance learning. Other key lessons learned from the programme are delineated below and were taken into account in designing the new intercountry programme, 2000-2003.

17. Insufficient coordination both vertically between interregional, regional and country programmes and laterally between regional programmes led to limited transfer of experiences, tools and technology. The design of the new programme has taken that into account, and internal coordination mechanisms have been instituted to ensure better internal linkages and coherence in the design, implementation and management of the new programme.

18. Training and research were sometimes of limited application at country level. To address this issue, in preparing the new programme, a more careful needs analysis was undertaken to ensure the applicability and utility of training and research in terms of country needs. In addition, programme monitoring would continue to emphasize relating outputs to the needs of countries.

19. The process of strengthening training institutions to become self-reliant required longer-term sustained support. Moreover, the transfer of skills acquired through global and regional training to the country level was sometimes limited. The new programme would focus on institutional development support, particularly for training institutes, and would emphasize strategies for sustainability. The potential for the "cascade" effect of training at country level would be used to assess the appropriateness of training support.

20. Increased communication and partnership between UNFPA and executing agencies enhances the appropriateness, quality and acceptability of such products as guidelines, strategies and other programme tools, as does the use of an interdisciplinary approach. Under the proposed programme, the Fund would seek to promote greater substantive involvement by technical and programme staff in programme design and implementation. Interdisciplinary approaches would be used to strengthen joint ownership and ensure appropriate outputs.

21. Greater emphasis on the timely dissemination and sharing of outputs is essential to ensure their use in, and benefit to, country programmes. To that end, under the new programme, a strategy would be developed focusing on product dissemination, awareness-creation, training, and specific introductory activities to increase the use and sharing of outputs. Packaging of products for specific target audiences, particularly policy makers and programme managers, would be built into all major research and development activities under the proposed intercountry programme.

22. The speed at which programme activities progressed was sometimes too slow. Under the proposed programme, it is expected that decentralization of approval mechanisms would help speed up the initiation of activities. Also, a more careful selection of executing agencies, based on their expertise and comparative advantages, is likely to contribute to accelerated programme implementation.

23. The review of the 1996-1999 programme indicated that, efforts notwithstanding, gender issues had not been adequately mainstreamed. This would be addressed under the new programme, including by according gender mainstreaming high priority and ensuring that it is given top consideration in programme implementation, monitoring and evaluation. The review also noted that advocacy activities could have had a much greater impact through developing linkages and networking with other organizations. It was also apparent that adequate resources are required to enable the Fund to utilize and take advantage of the new forms of communication technology and knowledge management that are revolutionizing advocacy and information dissemination activities. These concerns also would be addressed in the new programme. Finally, it should be noted that the 1996-1999 programme was not formulated using a results-based, logframe approach. The proposed intercountry programme, 2000-2003, however, has used the logframe approach and improvements in programme effectiveness and efficiency and more systematic monitoring and evaluation are expected.

24. The design of the proposed intercountry programme has thus taken into account the lessons learned from the previous programme. In particular, attention has been focused on ensuring that the proposed outputs are clearly related to the needs of countries. In that regard, it is expected that greater involvement of programme countries and other development partners in programme activities would result in outputs of higher utility and value. Finally, based on the logframe matrix, including a full set of indicators and specific plans for data collection, the Fund would develop and implement an overall plan for the monitoring and evaluation of the intercountry programme.

IV. PROPOSED INTERCOUNTRY PROGRAMME, 2000-2003

A. Linkages between various parts of the programme

25. As noted earlier in section II, the fundamental premise of the intercountry programme is that certain needs of countries are more effectively and efficiently addressed through regional and interregional initiatives. Although managed through regional or global institutions, the activities of the intercountry programme are most often either implemented in countries or are carried out in full consultation with countries. In either case, it is clear that all proposed outputs of regional and interregional programmes must be related to the needs of countries. Regional programmes are generally more closely related to programmatic and operational issues, and act as a bridge between interregional and country activities, while outputs at the interregional level provide certain tools and models for eventual use in countries. Another aspect of the rationale for intercountry activities is the need to promote, through awareness creation and advocacy, global issues such as gender equality and equity, and reproductive rights.

26. Table 3, below, gives examples of how country needs drive the expected outputs of the intercountry programme at both regional and interregional levels.

Table 3: Linkages between country needs and the outputs of the intercountry programme

Example of Outputs Needed at Country Level	Examples of Corresponding Regional or Interregional Activities Which Produce the Required Outputs	
	Regional	Interregional
Technical guidelines and standards of care	Adaptation of prototypes, dissemination, and training in use	Development of prototype international standards (e.g., condom quality; protocols for maternal care)
Improved competency and skills of staff	Adaptation and dissemination of prototypes and training of trainers	Development of prototype training curricula and materials; development of new training methods (e.g., distance learning modules)
Assessment of reproductive health status and needs	Dissemination and training in the use of instruments	Development of instruments to assess reproductive health status and needs (e.g., situation analysis protocols)
New or improved methods of family planning	Information, dissemination, training and introduction of new methods	Contraceptive Research and Development (e.g., new female-controlled barrier methods)
Indicators for monitoring progress towards ICPD goals	Strengthening capacity of countries to collect the required data	Identification of appropriate indicators and their data requirements (e.g , ICPD+5 benchmarks)
Improved effectiveness of national programmes	Collection and dissemination of best practices in the region	Global collection, analysis and dissemination of best practices (e.g., on gender mainstreaming)
Improved logistics management of reproductive health commodities	Development of regional networks to share experiences and build constituencies on the issue	Development of guidelines and standard practices for procurement and logistics management (e.g., procurement guidelines)
Eradication of harmful traditional practices	Strengthening of regional networks for advocacy, sharing of national strategies, research and data collection	Additional research, data collection on harmful traditional practices and their health impact; advocacy; and information dissemination
Policy commitment for ICPD goals	Regional advocacy networks strengthened, consensus on ICPD goal achievement built	Awareness created, amongst policy makers and programme managers, of what the ICPD goals are, and how they can be achieved

27. The intercountry programme also establishes linkages between sectors, and across regions. For example, comparative data collected and analysed at global level on adolescents and their reproductive health, including their knowledge, attitudes and behaviour, is subsequently used for the preparation of advocacy materials that would prove more effective because they are based on pertinent and specific data and information. These materials would be used to establish a more positive environment towards adolescents and their reproductive health needs, through advocacy work at interregional and regional levels. A more conducive environment would then facilitate the introduction, at country level, of operational approaches which have been developed and tested through the reproductive health component of the interregional programme and meet the information and service needs of adolescents.

28. As regards links across regions, an example is the Fund's approach to training pertaining to the ICPD Programme of Action. Regional training institutions have been encouraged to develop and use a core ICPD training module to ensure uniformity of basic content. However, the same institutions have also been encouraged to develop additional modules on different aspects of the ICPD Programme of Action, such as adolescents, STDs, including HIV/AIDS, and community involvement, according to their specific areas of competence and expertise. This allows cross-regional exchanges of experiences and approaches, when trainees from different regions attend a particular course, while ensuring that whichever institution is attended, the trainee receives a core training package.

29. Although for practical reasons the intercountry programme is presented by UNFPA programme priority areas, the Fund is increasingly developing overall strategic approaches for cross-cutting areas such as gender, adolescents, information, education and communication (IEC), HIV/AIDS, and emergency situations. These help to further link regional and interregional activities and better ensure that these are clearly focused on the needs of countries.

B. Goals and purposes, and their indicators

30. The goals of the proposed programme would be to contribute to: (a) ensuring that all couples and individuals are able to enjoy the highest possible levels of reproductive health, including family planning and sexual health throughout the life-cycle; (b) promoting a better balance between population trends and sustained economic growth in the context of sustainable development; and (c) ensuring the attainment of reproductive rights and gender equality and equity. Indicators -- disaggregated by sex -- would include: life expectancy; contraceptive use; births assisted by skilled attendants; HIV infection rates in 15-24 year-olds; adult literacy rates; primary and secondary school enrollment for children of both sexes; the involvement of women in political life; and the proportion of people living in absolute poverty.

31. The purposes of the programme would be to contribute to: the improved use of reproductive health services and information; the effective use of data and information on

population dynamics and gender-related concerns in national policies, plans and programmes; and attainment of political commitment to promote women's empowerment. Indicators for these purposes would include: percentage of population using services; proportion of population with accurate knowledge on specific reproductive health issues; the number of countries that have formulated new reproductive health policies and programme strategies; the establishment of human resource development programmes; the increased integration of population factors into sectoral plans; the formulation and implementation of policies fostering gender equity and equality; the adoption of mechanisms to monitor violence against women at country level; and the increase in budgetary allocations for population and reproductive health programmes.

C. Overall strategy

32. Guided by the outcome of the ICPD+5 process, the overall strategy of the intercountry programme would: focus on a limited number of priority areas, as identified in section IV.D, below; ensure that cross-cutting areas such as gender are mainstreamed throughout the programme; develop Fund-wide strategies on issues such as IEC, adolescents and sector-wide approaches, among others; strengthen working partnerships with agencies and organizations which would be implementing various parts of the programme; provide support for training, especially training of trainers and development of new approaches such as distance learning; and support the collection and analysis of comparative population and reproductive health data, including for advocacy and awareness-creation.

33. In formulating the new intercountry programme, the UNFPA has been guided by the ICPD+5 key actions for the further implementation of the ICPD Programme of Action, and in particular would focus on those areas which correspond with the Fund's mandate; its comparative advantage; and its programme priorities. The programme would focus on areas which warrant investment at regional and interregional levels to support and strengthen national capacity to further implement the ICPD Programme of Action, especially within changing environments associated with health and social sector reform. The Fund's comparative advantage is based on its expertise and experience in the areas of reproductive health and population, particularly from an operational perspective. Through both the intercountry programme and a more systematic review of the experiences of national programmes, the Fund expects to strengthen its capacity to provide leadership on programming based on effective interventions, in support of national efforts to implement the ICPD Programme of Action.

34. The types of activities which would be supported include: comparative policy analysis and research; comparative population research; census and survey techniques; applied reproductive health research and development; the development of innovative operational strategies, models, programming tools, guidelines, norms, standards, and protocols, and the strengthening of institutional capacities. These strategic activities would facilitate the implementation of population and development policies; improve delivery of reproductive health

services; strengthen the reliability and timeliness of censuses and surveys; improve the quality of training curricula, materials and methodologies; facilitate the development of population databases and information networks; and increase capacities to advocate for implementation of the ICPD Programme of Action at all levels.

35. Specific examples of such activities would include: increasing access to reproductive health technologies (including research and development; introduction of new and underutilized methods; logistics management; and meeting emergency requirements for commodities); adolescent sexual and reproductive health; human resource development (including institutional development support, development of distance learning, and South-South initiatives); improving quality of care (including development and promotion of standards of care and improving technical and communications skills of service providers); developing national information systems (including indicators for reproductive health, population and development, and advocacy; national data for reproductive health programme planning; and costs and resources for population and reproductive health programmes); and advocacy on the full range of population and population-related issues. Gender equity and equality and respect for human rights are fundamental principles on which all programming efforts would be built.

D. Outputs of the programme

1. Reproductive health

36. UNFPA would support programmes that would increasingly ensure the right of couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to enjoy the highest standard of sexual and reproductive health throughout their lives, on a basis of equality between men and women. The overall strategy would be to help build national capacity to provide universal access to integrated and high-quality reproductive health services, particularly in the context of such developments as sector-wide approaches. In keeping with the ICPD+5 key actions, at interregional and regional levels, the new programme would help create a supportive policy environment for increased use of services of better quality, and for behavioural changes regarding safe sexual and reproductive health practices. It would also support the collection and sharing of experiences and knowledge to accelerate implementation of ICPD+5 follow-up, and would promote innovative approaches to problem-solving.

37. In order to enhance institutional capacities to develop reproductive health policies and standards of practice in the context of health care systems reform, and to undertake research on reproductive health technology and operational strategies, the following interconnected outputs would be expected. The interregional programme would develop programming tools and guidelines to help accelerate the operationalization of reproductive health, through addressing the issues of access, integration, quality and management of reproductive health care, with particular attention to the needs of adolescents and young people. Regional programmes would address

similar issues in response to regional needs and priorities, utilizing outputs from interregional activities.

Interregional programme

38. The Fund would facilitate assistance to countries to continue operationalizing reproductive health, including family planning and sexual health. The interregional programme would increase the understanding of policy makers and programme managers of the processes involved in the integration of a reproductive health care package. At the policy level, the interregional programme would facilitate assistance to countries to increase capacity to advocate for universal access to reproductive health in the context of health sector reforms and sector-wide approaches and current trends towards decentralization and privatization. Tools would be developed to help countries develop, cost and implement a basic package of reproductive health services that responds to priority needs; and to facilitate the development of medium and long-term investment plans for fully integrating reproductive health into primary health care (PHC). These tools would be widely shared and their use promoted through regional programme activities and the TAP.

39. Guidance would be developed on improving the quality of reproductive health care, its various components, technical standards, motivation and support of providers, respect for user's rights, patient-provider interaction and messages to promote behavioural change. Effective models for mainstreaming gender into reproductive health service delivery would also be identified as part of improving quality of care. The interregional programme would also seek to improve technical capacities to strengthen the management of reproductive health services. The focus would be on developing guidelines, tools and methodologies for improving: reproductive health management information systems for monitoring and evaluation including the identification of field-tested indicators; logistics and commodity management; commodities and human resources management, particularly training and supervision. Approaches for enhanced sustainability would also be developed through increased involvement of the private sector, NGOs, and social marketing in national reproductive health programmes.

40. Interregional funds would be used to develop and promote models for women's participation in the design, management and monitoring of reproductive health services, as well as to define various options for increasing male involvement, emphasizing their contribution to achieving women's health.

41. The interregional programme would facilitate the dissemination of knowledge on the most effective interventions to reduce maternal mortality and morbidity such as access to skilled personnel at delivery, availability of and access to emergency obstetric care for the management of obstetric complications, and access to post-natal services. The further development and promotion of process indicators to measure improvements in maternal outcome would also be pursued. The programme would also improve the knowledge of preventive interventions in

nutrition, health care, and education of girls and young women. It would emphasize the supportive role of men, families and communities, and the societal costs of maternal deaths.

42. The interregional programme would develop strategies for addressing STD/HIV prevention in the context of UNFPA programmes, and would promote and disseminate such strategies and programming tools to ensure their application in national programmes.

43. In the area of reproductive health technologies, research on safety of contraceptive methods as well as the development of new contraceptives would be supported, as will the development of approaches to introduce underutilized methods. This includes vasectomy (especially non-scalpel vasectomy), male and female condoms for dual protection against STDs, including HIV, and pregnancy, and emergency contraception. The development and introduction of female-controlled methods such as microbicides, the development of simple diagnostic tests and low cost and appropriate reproductive health technologies such as for cervical cancer screening and treatment would also be pursued.

44. In the area of adolescent reproductive health (ARH) the interregional programme would develop operational strategies to reach married and unmarried adolescents. It would focus on: developing approaches and increasing knowledge about the health and development needs of adolescents and their involvement in the design and management of programmes; developing training modules for information and service providers to become more sensitive to the needs of adolescents; increasing understanding of gender socialization processes; and identifying and exchanging information on best practices in ARH. Development and promotion of approaches to increase the ability of young people, especially girls, to protect themselves against sexual exploitation, gender-based violence, and harmful traditional practices, including female genital mutilation (FGM), would also be supported.

45. With regard to IEC, outputs would include the development of model strategies, programming tools and best practices that emphasize client-responsive counselling, community support, and participatory research and evaluation. Central to IEC-programming efforts would be the emphasis on gender equity and equality and the integration of a rights-based approach in behaviour-change communication. Support would be given to the adaptation and application of all these programming instruments at country level thorough regional mechanisms.

Regional programmes

46. In Africa the purpose of the reproductive health subprogramme would be to contribute to the improvement of reproductive health programme management and service delivery. Capacity building would be the main strategy, including through the establishment of partnership with subregional and national training institutions and the training of trainers. The training of trainers at the regional level would be followed-up by technical backstopping at the country level by the

regional programmes and the CSTs, in order to assist the trainers in materials and curriculum development and implementation of national programmes. The gender dimension, including male involvement and issues related to HIV/AIDS, reproductive rights and adolescents would be integrated into curricula, modules and support materials being developed. In addition an exchange programme would be established within the South-South collaboration modality to exchange ideas and best practices on issues specific to the region.

47. After a needs assessment, the operationalization of reproductive health would be reinforced through the provision of in-service training and the introduction of reproductive health components in pre-service training institutions while the capacity of reproductive health programme managers would be improved through support of a core of regional trainers for national training institutions. IEC activities would be strengthened principally through the organization of training of trainers at the regional level and the reinforcement of the capacity of teacher-training institutions. The capacity to collect and utilize reproductive health data would also be enhanced and training in logistic management would be organized. The skills of organizations serving youth, with respect to the provision of information and services, would be enhanced through the compilation and dissemination of best practices and the support to three youth-friendly public health facilities that would serve as training sites for programme managers. The capacity of UNFPA and its partners at national and regional level would be developed to assess and respond to the reproductive health needs of refugees/internally displaced persons.

48. In the Arab States the proposed regional programme would address the major issues prevailing in the region and highlighted in the UNGASS recommendations. Of particular importance are gender issues, adolescent health and development and the cultural adequacy of reproductive health programmes. The Arab States programme would support the adaptation and introduction into country programmes of new strategies and tools developed at global level, such as guidelines on quality of care, in order to increase use of services and client satisfaction. This would be done in collaboration with WHO and other partners. Special attention would be given to enhancing the management skills of health providers and programme managers, and to improving access to reproductive health, including contraceptive commodities, through regional training in logistics management. Lessons learned from new options for reproductive health financing including private/public sector ventures would be assessed through operations research and resulting models would be disseminated to other countries.

49. Additional outputs would include a better knowledge on the prevalence of STDs, their transmission patterns in the specific social context of the region, their impact on infertility trends and on the incidence of cervical cancer, and the strengthening of strategies for prevention and management of STDs. The capacity of regional and national NGOs to provide information and services to adolescents and youth would be increased, through support to multi-country assessment, networking between youth NGOs, guidance on counselling and services, including peer counselling on sexual health, for health personnel in both public services and NGOs. The

regional programme would ensure that the understanding of gender dimensions in reproductive health services was improved and strategies to address gender-based violence and harmful traditional practices including FGM were developed. Finally, culturally-sensitive reproductive health educational material would be developed, for use in Islamic teaching schools and other educational institutions such as the Al-Azhar University in Egypt, and the capacity to deliver reproductive health services to populations living in difficult circumstances and refugees would be strengthened.

50. In Europe, the regional programme would support the countries in transition by maintaining, or establishing an environment conducive to an increased utilization of reproductive health services. The skills of health providers and programme managers to implement quality reproductive health programmes would be enhanced through training on updated contraceptive and reproductive health technologies, behavioural and applied research, and management issues. A regional strategy to curb STDs/HIV/AIDS is being implemented in collaboration with UNAIDS and the WHO Regional Office for Europe, and a master plan for ARH would be designed in partnership with United Nations agencies and NGOs.

51. In Asia and the Pacific region, the reproductive health subprogramme would contribute to the operationalization of reproductive health at country level, namely through enhanced institutional capacities in implementation and management of integrated reproductive health programmes. Models of integrated reproductive health services, developed at interregional level, would be adapted and field tested for application in country programmes, with special attention to offering community-based reproductive health care, linking services for reproductive tract infections (RTIs)/STDs/HIV with family planning and safe motherhood, and ensuring sustainability in line with existing infrastructures. Mainstreaming gender and socio-cultural perspectives would be an integral part of the strategy for improving the quality of reproductive health care. National institutional capacities for training and IEC would be strengthened through revision of curricula in selected countries, preparation of prototype training packages for training of reproductive health programme managers and other personnel, development of IEC materials and adoption of innovative reproductive health advocacy and IEC strategies and tools.

52. The understanding of reproductive and sexual health behaviour of adolescents and youth would be increased through multi-country research, and appropriate ARH programme strategies would be developed on the basis of documentation of successful projects, translation of best practices into programme design and testing of pilot experiences. Information on incidence and patterns of violence against women and girls would be collected through regional research networks, in order to develop national programme strategies involving legal and administrative measures, and provision of services for women affected by violence. Finally, knowledge on the impact of natural and ecological disasters on reproductive health including infertility and genetic disorders in certain countries would be improved.

53. The reproductive health programme in Latin America and the Caribbean would aim at integrating reproductive health and rights in health sector reform processes, in close collaboration with governments and civil society organizations. Strategies would consist of building the capacity of national institutions to operationalize reproductive health, including training on reproductive health and gender and to implement integrated and high quality reproductive health care. Improving the ability of providers and service managers to ensure and monitor the quality of reproductive health care from a user- and rights-based approach would receive special attention. The capacity of the health sector to address gender violence would be enhanced, in partnership with all stakeholders, including lawyers and women's groups.

54. Through training, information dissemination, and introduction of new approaches, the capacities at policy, health sector and community levels for implementing effective interventions to reduce maternal mortality and morbidity would be strengthened, in collaboration with the Pan American Health Organization (PAHO) and regional development banks. Likewise, the capacities to develop and implement strategies to address effectively the reproductive and sexual health needs of adolescents, especially among the poorest and most vulnerable groups would be supported, with special attention to gender issues.

2. Population and development strategies

55. The population and development strategies subprogramme for the 2000-2003 intercountry programme cycle would aim at contributing to increased political commitment for the integration of population and development issues, including gender concerns into national and sectoral policies, and the subsequent effective implementation of such policies. The subprogramme would: enhance the understanding of the linkages between population variables and development issues; improve data collection and use for decision-making and policy formulation, programme design and implementation, and monitoring; and strengthen training in population and development and policy-relevant research for effective, results-based programming. The strategy would be to collect and exchange comparative data; develop tools and methodologies and facilitate their use in strengthening national capacity through interregional, regional and country collaboration and networking; and develop and promote innovations in global knowledge exchange and networking.

Interregional programme

56. Using the interregional modality, UNFPA would fund comparative studies in various regions on population and development linkages, e.g., links to macroeconomic policies and sectoral policies. These studies, while reflecting country specific concerns, would use a common protocol, and would thus allow comparative assessment of trends across countries and regions. Such studies and their subsequent analysis would assist countries and the international community to track progress in implementing the ICPD Programme of Action, as well as the

action programmes of other major United Nations global conferences and summits. The studies would also provide information on progress made on the key issues in the area of PDS, identified by the UNGASS on ICPD+5, including: population, economic development and the environment, including globalization; international and internal migration, including population distribution and urban agglomerations; ageing; as well as on key issues in the areas of reproductive health and advocacy. Based on the review of past approaches, appropriate models and mechanisms would be developed to facilitate the integration of population concerns into development planning in response to changing socio-economic environments.

57. As an example of the above, changing age structure is an issue of critical importance to all countries. Therefore, research on population ageing and youth would be undertaken and the findings disseminated in order to increase awareness and understanding of these issues. Such research would serve as a basis for formulating responsive policies and programmes. The intercountry programme would facilitate cross-country comparisons of approaches and policies in addressing concerns on ageing and youth.

58. UNFPA would contribute to the building of national capacity in the PDS area through strengthening selected regional or subregional institutions to provide training in population and development, and in particular, training in techniques for conducting population and housing censuses for the 2000 round, in terms of integrated planning, data collection and analysis, dissemination of results, and writing of reports, manuals and production of software. Training to undertake household surveys would also be provided. UNFPA would also support mechanisms for evaluating the impact of such training.

59. Technical support would be provided to improve national data systems, and develop standard indicators to capture progress made in the implementation of the ICPD Programme of Action and the benchmarks agreed at the ICPD+5 review, as well as in the implementation of other United Nations global conferences and summits. Common data systems, reliable indicators, and appropriate methodologies are essential to effectively carry out the CCA and develop the UNDAF, which are key instruments of the United Nations reform process. The collection of timely and reliable data is also essential for countries to undertake sector-wide approaches. UNFPA would provide assistance to strengthen interregional databases or establish databases where they do no exist. The capacity to exchange population and development planning instruments, and information within and between regions would also be strengthened. Information and training packages to promote awareness of population-related development issues, such as the education of girls, other social services, human rights, environmental protection, gender equality and equity, and to ensure the integration of such linkages into sectoral plans, would be developed and disseminated using new communication technologies. UNFPA would continue to fund the collection and dissemination of information on financial resource flows for population programmes, in order to monitor progress made in resource mobilization for population activities, as recommended by the ICPD Programme of Action and the ICPD+5

review, with special attention to enhancing the capacity of countries to collect and analyse data on trends in the allocation of domestic resources to population activities.

60. Both the ICPD Programme of Action and the UNGASS underscored the importance of achieving gender equality, equity and empowerment of women, and in discussing international migration called special attention to preventing the trafficking of women and children. Thus, the interregional programme would include activities to ensure the mainstreaming of gender in population and development policies and programmes. Operational research would be undertaken and knowledge-based guidelines developed on how to provide effective, appropriate and adaptable programmatic responses in selected areas, such as harmful traditional practices, including FGM; and violence against women.

Regional programmes

61. The purpose of the programme in Africa would be to contribute to an improved balance between population trends and sustained economic growth and development in the region. This would be done through research, strengthening subregional training institutions to provide training in population and development strategies, and through strengthening the capacities of countries in conducting censuses. Research would be conducted in areas such as the socio-cultural and demographic impact of the HIV/AIDS pandemic, the link between maternal mortality and gender violence and harmful traditional practices, including FGM, cross-border movements and their impact on the countries concerned especially in the areas of gender relations and the spread of HIV/AIDS, and factors contributing to the rapid fertility decline in some African countries with very low contraceptive prevalence. Institutional and technical capacities at regional level would be strengthened to support national population programmes through the integration of population and development concerns into curricula of Pan-African training institutions. The capacities of the countries of Southern Africa Development Community (SADC) would be strengthened in the area of census taking and data processing, including through training and through harmonizing data collection and dissemination in the subregion for the 2000 round of censuses. Support would also be provided to the Centre d'etudes et de recherche sur la population pour le developpement (CERPOD) for the implementation of the Sahelian plan for population policies and programmes.

62. The programme in Arab States and Europe would seek to promote stronger political commitment and community support to ICPD goals, and to linkages between economic, social and environmental factors and population and development policies. Strategies would include the development of comparable indicators, the transfer of research techniques between experts across the region, and the development of electronic databases on follow-up to conferences, for example, on the population-related issues of labour migration, progress towards gender equality, ageing, water security, globalization and economic and social resources. In the Arab States, regional data systems to monitor progress towards implementation of the ICPD Programme of

Action would be developed and maintained. Regional capacity for policy analysis and integration of population, gender and youth issues into sectoral plans would be strengthened. Multi-country research to develop a regional database of demographic and reproductive health indicators, quantitative as well as qualitative, would be undertaken and the capacity of staff of demographic/statistical institutes in policy analysis would be enhanced. In Europe, the priority would be to build capacity in countries of the Commonwealth of Independent States in such areas as population policy analysis, gender analysis and integration of human rights and population issues into social planning, and to strengthen data systems, in the context of the 2000 round of censuses and the follow-up to ICPD.

63. In Asia and the Pacific, the proposed programme would focus on expanding knowledge about the impact of economic and financial crises on population and reproductive health programmes and alternative policy options. National institutional capacity for utilization of data and research findings in planning and decision-making would be increased, in particular with regard to the strengthening of gender analysis in market-oriented planning and policy processes. Data systems and information management skills at country and regional levels would be strengthened, especially for monitoring progress towards the achievement of ICPD goals, the implementation of ICPD+5 key actions, the coordinated follow-up to global conferences, and the preparation of regional population conferences. A study on factors responsible for trafficking of women and children, and the development of alternative proposals for preventive and remedial policies and programmes would be undertaken, pending the availability of resources.

64. In Latin America and the Caribbean, the overall purpose would be to integrate population in development policies and programmes. Strategies would include capacity building and the establishment of supportive systems for sustained monitoring. Special attention would be given to improving the capacity of women's groups to ensure gender mainstreaming in data collection and analysis. The two main outputs of the regional programme would be the enhanced capacities at regional and country level to apply an integrated approach to population and development policy design, programming and planning; and to undertake ICPD follow-up and monitoring, in the context of an integrated follow-up to United Nations agreements and conferences. Linkages between population and development strategies and social sector issues, such as poverty reduction and employment, and between environmental and ecological vulnerability, migration and population issues, would be examined, with gender as a cross-cutting area.

3. Advocacy

65. In the area of advocacy, the new programme would develop and promote improved awareness of linkages between population and development, gender quality and equity, and improved recognition of sexual and reproductive rights. The Fund's advocacy programme is based on the UNFPA information and communication strategy approved by the Executive Board at its annual session in 1997, and the outcome of the ICPD+5 process which recommended

continuing attention to advocacy on issues such as gender and adolescents. In both programme and donor countries, consensus and understanding of, and support for, the issues, goals and approach of the ICPD Programme of Action among policy makers, parliamentarians and communities would be built in order to mobilize resources for further implementation of the Programme of Action. The advocacy programme would contribute to incorporating a human rights-based and gender-sensitive approach in population and development policies and strategies. It would seek to strengthen country-level advocacy efforts through stronger and larger coalitions and enhanced advocacy capacity of civil society organizations, especially women's groups.

Interregional programme

66. The main outputs would include the strengthening of institutional capacities to advocate for gender, population and development concerns and mobilization of resources for achieving ICPD goals and the key actions for its further implementation. This would be done through expanded partnership with civil society organizations, including parliamentarians, NGOs that undertake advocacy efforts, private-sector organizations, women's health advocates and not-for-profit news agencies. Support and advocacy training for such groups would strengthen their capacity to provide information to policy makers, lawmakers, influential figures in civil society and the general public. Advocacy training for NGOs and country office staff, seminars and field visits to project sites for journalists, and strategy sessions for social mobilization would be continued. Innovative, model approaches to advocacy would be developed including evidence-based content, stakeholder identification, use of networks and technical support mechanisms, and impact assessment. Collaboration with United Nations partners in advocacy for ICPD would continue.

67. Improved capacity to undertake advocacy on gender responsive planning, programming and implementation towards achieving the goals of the ICPD Programme of Action and the Beijing Platform for Action would be supported. Of particular importance would be improved recognition among policymakers, community leaders and service providers of men's responsibility in respecting women's rights and promoting women's health, in supporting their partner's access to sexual and reproductive health care, in preventing gender-based violence and harmful traditional practices, including FGM, and in sharing household and child-rearing responsibilities.

68. The production, promotion and global dissemination of annual reports on *The State of World Population,* which provide content for national advocacy activities and other interregional advocacy efforts (including multi-media products and press seminars) would be continued. Support for the production and distribution of other publications, advocacy materials, television, radio and Internet programming, including video news releases and public service announcements on population and development and reproductive health themes would be

continued. The Fund would also develop and implement an overall strategy for knowledge management with particular reference to new information technologies.

Regional programmes

69. Fostering a supportive environment and increasing the commitment and support of policymakers for population and reproductive health and rights, including the empowerment of women, would be the central aims of the advocacy programme in Africa. Strategies would include capacity building for advocacy, including practical skills for lobbying and identification of target audiences. Operational regional networks of lawmakers, parliamentarians, civil society organizations, religious leaders, mayors and other civic leaders would be strengthened, and effective partnership established with regional and subregional media institutions, including the creation of an information and communication technologies-based population information network. Awareness of, and support for, regional population and reproductive health priorities including prevention of HIV/AIDS, ARH, prevention of harmful traditional practices including FGM, and gender would be enhanced among policy makers, programme managers and other major stakeholders, including intensified advocacy with political and business leaders to gain support for an urgent response to the HIV/AIDS epidemic. Finally, advocacy efforts with the Organization of African Unity, the Economic Commission for Africa, and the African Development Bank would be continued in order to: (a) strengthen the advocacy and resource mobilization capacity of the African Population Commission; (b) institute population advocacy capacity within selected subregional development institutions; and (c) lobby for the introduction and adoption of appropriate resolutions at regional and subregional fora.

70. The programme in Arab States and Europe would increase the commitment of Governments and intergovernmental bodies to support the ICPD goals, as evidenced by their allocations of resources to support the necessary programmes. In Arab States in particular, misinformation about reproductive rights would be corrected and awareness about the benefits of reproductive and sexual health programmes including sex education would be increased. The consensus to combat FGM, including among community grass-root movements and religious leaders would be strengthened, and issues such as domestic and sexual violence, unsafe abortion and discriminatory nutritional habits against the girl child would be addressed. The capacity of the media to address population issues through, for instance training of journalists (television, print, radio) would be increased and multi-agency initiatives would be supported, such as Education for All and Agenda 21. In Europe, research and strategy development to address gender-based violence and trafficking of women and girls would be supported.

71. In Asia and the Pacific, the advocacy programme is expected to increase political and community support for the implementation of ICPD and related goals, and to help strengthen national capacities to conduct effective advocacy efforts and increase budgetary allocations for population and reproductive health programmes. Debates would be generated, for example,

among parliamentarians, and key ICPD messages would be disseminated in collaboration with regional and national civil society organizations. The role of the mass media, and of religious institutions and religious leaders in the promotion of ICPD values would be explored, and increased support for advocacy by parliamentarians, intergovernmental organizations and decision makers, including support for resource mobilization would be obtained. Finally, special efforts would be made to improve information packaging and dissemination on such key issues as reproductive rights, ARH and gender.

72. Through capacity building of governmental partners and NGOs in Latin America and the Caribbean, the programme would aim at promoting awareness and commitment to reproductive health and rights and equal treatment of men and women, and at strengthening the ability of planners to formulate policies that take into account the linkages between population and development issues. The capacities of women's bureaux and women's groups to promote sexual and reproductive health and rights from a broader gender development and rights-based approach would be improved with a focus on eliminating violence against women and girls. The formulation and implementation of policy and legislative frameworks that provide an enabling environment for sexual and reproductive health and rights and gender equity and equality would receive special attention.

E. Management of the programme, including monitoring and evaluation

73. The intercountry programme is presented as a series of subprogrammes in each of the Fund's core programme areas: reproductive health; population and development strategies; and advocacy. Its management would fall to various Divisions of the Fund including the Technical and Policy Division and the Information and External Relations Division for the interregional components, and the Geographical Divisions for the regional programmes. Internal mechanisms for ensuring linkages would be established.

74. The anticipated outputs of the proposed programme can only be achieved through increased collaboration and and partnership among all concerned stakeholders. Therefore, the programme would be executed and implemented in close collaboration with programme countries and various groupings of partners -- United Nations organizations, intergovernmental bodies, as well as civil society organizations, including NGOs, according to the particular issue at hand and the interest and expertise of each partner. Partnerships are most effective when they include joint funding and close technical involvement by the partners in the planning and implementation of activities. In this way, duplication of effort is avoided, consensus is built, and joint ownership of products is enhanced. This ultimately leads to the development of products which are relevant to the needs of countries, and which are thus more likely to be utilized at country level. The Fund would increasingly pursue such partnerships in the proposed intercountry programme.

75. In some instances, subprogrammes may be supported through a cost-sharing arrangement between UNFPA and other institutions in order to draw more effectively on the institutional expertise, and infrastructural and financial resources available among various interested development partners. Other modalities for implementation of the new programme would also be explored, depending on the specific type of output expected. These could include: requests for proposals; subcontracting areas of work, such as contraceptive research and development, to a lead executing agency; and increasing use of: contracts for products (rather than complex project agreements with line by line budgeting), matching grants, twinning arrangements, and institutional development grants with in-built exit strategies. Executing agencies would be chosen in accordance with the UNFPA "Guidelines on Assessment of Potential Executing Agencies" (November 1998) and all civil society organization partners would be subject to the normal internal process for NGO accreditation before they could receive financial support from the Fund.

76. The UNFPA Technical Advisory Programme, as well as technical staff at headquarters, would provide technical inputs in the formulation, substantive implementation, and monitoring and evaluation of both regional and interregional subprogrammes and component projects contributing their country and region-specific perspectives and knowledge as appropriate. The expertise of the UNFPA country offices would also be called upon to ensure that subprogramme design and implementation continue to respond to national development needs and priorities.

77. A logframe matrix for the intercountry programme and its various subprogrammes has been developed, in which goals, purposes, and their corresponding outputs and activities have been elaborated. This would be used by the Fund to guide the further development and implementation of the overall programme. The logframe matrix also includes a full set of quantitative and qualitative performance indicators for each of the proposed outputs as benchmarks for monitoring progress. In addition, all component projects would clearly indicate how they contribute to the overall goals and purposes of the programme as well as the corresponding indicators to measure that contribution. UNFPA staff at headquarters and in the TAP would monitor the substantive aspects of subprogrammes and component projects in line with UNFPA monitoring and evaluation requirements, including annual progress reports, annual technical reviews, mid-term reviews for subprogrammes, and final evaluations for major areas of work.

78. A number of assumptions and risks are implicit in any programme. In the case of the intercountry programme, these include the Fund's resource forecasts; projected multi-bilateral resources; the risk of outputs becoming too distanced from the needs and priorities of national programmes; and judgements concerning the capability and capacity of executing and implementing organizations. Being aware of such risks is the first step in being able to avoid them, and the development or strengthening of internal mechanisms, for example, the system for NGO accreditation already in place, further helps to minimize such risks.

79. The proposed level of the current programme from core resources ($142 million) represents a decrease of almost 20 per cent as compared to the previous programme ($175 million). Even with the expected additional non-core resources, the total is $15 million lower than in the previous programme. This process has inevitably involved considerable prioritization in the current proposed programme, which also takes into account that a number of areas -- reproductive health in emergency situations; HIV/AIDS in Africa; maternal mortality reduction; migration; the global initiative on reproductive health commodity management; ageing and distance learning are likely to attract funding from other than regular resources.

80. Much greater attention would be given in the proposed programme to the packaging and dissemination of the outputs and products of the programme, and training in their uses. This would be an in-built activity within each subprogramme/component project, also involving the TAP and UNFPA Representatives to better ensure the use and relevance of the outputs at country level. Finally, a degree of programming flexibility would be built into the programme, in order to enable the Fund to respond to changing priorities, emerging issues, and to outputs of other agencies and organizations which may reduce the necessity for, or the amount of, UNFPA support in any given area.

V. RECOMMENDATION

81. The Executive Director recommends that the Executive Board approve the proposed UNFPA intercountry programme for 2000-2003, as contained in document DP/FPA/2000/1, in the amount of $160 million, of which $142 million would be programmed from the Fund's regular resources, to the extent such resources are available. UNFPA would seek the balance of $18 million through co-financing modalities and /or other resources, including regular resources, should these become available. The proposed distribution of funds is as follows: $93 million for the interregional programme; $25 million for the regional programme for sub-Saharan Africa; $12 million for the Arab States and Europe; $17 million for Asia and the Pacific; and $13 million for Latin America and the Caribbean.

*****

UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/2000/1/Add.1
10 December 1999

ORIGINAL: ENGLISH

First regular session 2000
24 – 28 and 31 January 2000, New York
Item 8 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

REVIEW OF THE UNFPA INTERCOUNTRY PROGRAMME, 1996-1999

CONTENTS

Page

I. INTRODUCTION 2

II. PROGRAMME IMPLEMENTATION AND RESULTS 3

A. Interregional Programme 3

B. Regional Programmes 11

III. CONCLUSIONS AND LESSONS LEARNED 19

00-21512 (E) 060100

I. INTRODUCTION

1. This addendum reviews the UNFPA intercountry programme, 1996-1999, which was approved by the Executive Board in decision 95/37. The addendum is based on in-depth reviews carried out by the geographical divisions of their respective regional programmes and an analysis of the Fund's three priority areas, carried out by the Technical and Policy Division (TPD) and the Information and External Relations Division (IERD). It also reflects discussions of the Inter-divisional Working Group on the Intercountry Programme, which met regularly in 1998 and 1999 to review the programme and to explore topics to be addressed in the new intercountry programme.

2. In decision 95/37, the Executive Board approved $175 million for the UNFPA intercountry programme for the period 1996-1999. Of this amount, $102 million was approved for the interregional component and $73 million for regional activities (Table 1).

Table 1. Distribution of the intercountry programme, 1996-1999, by priority area
($ millions)

	Reproductive Health	Population and Development Strategies	Advocacy	Total
Interregional	45	28	29	102
Regional	39	21	13	73
Africa Division	14	7	7	28
Asia and the Pacific Division	10	6	3	19
Arab States and Europe, Division of	7	4	1	12
Latin America and the Caribbean Division	8	4	2	14
Total	$84 48%	$49 28%	$42 24%	$175 100%

Source: Programme Resources and Management System

3. The overarching objective of the intercountry programme, 1996-1999, was to build country capacity to implement the Programme of Action of the International Conference on Population and Development (ICPD) in the Fund's three programme priority areas: reproductive health, including family planning and sexual health; population and development strategies (PDS); and advocacy, with gender concerns mainstreamed into each of these areas. From a functional perspective, activities included research, training and information dissemination. The South-South modality was promoted as a means of building capacity at interregional, regional and country levels through information exchanges and technical assistance. In undertaking intercountry activities, UNFPA has promoted the coordinated follow-up to recent United Nations conferences and has fully integrated human rights concerns, particularly with regard to reproductive rights.

II. PROGRAMME IMPLEMENTATION AND RESULTS

A. Interregional programme

1. Reproductive health programme

4. Objectives. Following recommendations of the ICPD Programme of Action, the reproductive health programme sought to help countries initiate the process of operationalizing reproductive health through a series of global-level activities. The reproductive health programme's objectives included: (a) development of new and improved methods of contraception and provision of continued safety assurance; (b) development of guidelines and methodologies and operationalizing of reproductive health approaches to strengthen programmes and services; (c) development and testing of feasible reproductive health interventions at the primary health care level; and (d) promotion of reproductive health for the health and well-being of women, men and adolescents.

5. Results. To continue promoting the development of new methods of fertility regulation and collecting information on contraceptive safety, UNFPA, along with UNDP, the World Bank and the World Health Organization (WHO), co-sponsored the Special Programme of Research, Development and Research Training in Human Reproduction (HRP); provided partial assistance to the International Council for Contraception Research (The Population Council); and supported the development of selected contraceptives through the International Consortium for Collaboration in Contraceptive Research.

6. UNFPA supported WHO in providing countries with appropriate technical guidance in operationalizing reproductive health by furnishing technical orientation on specific aspects of reproductive health, such as adolescent reproductive health (ARH). Helping to articulate Programme of Action recommendations at the country level also included the development of tools for training professionals from non-governmental organizations (NGOs) in advocacy, gender, reproductive health, youth and institution-building, and the enhancement of reproductive health components in emergency situations. A major focus of the UNFPA intercountry programme was the Centres of Excellence Initiative that offered training within South-South cooperative settings, and a 12-country Partners in Population and Development Initiative that provided training, research and networking on ICPD Programme of Action issues. Additional South-South projects were for strengthening reproductive health training and cooperation in Latin America and Asia.

7. Increasing contraceptive choice and improving the quality of care were pivotal concerns in the UNFPA intercountry programme. A major thrust of the intercountry programme was the UNFPA-executed Global Initiative on Contraceptive Requirements and Logistics Management Needs. Additionally, two projects on safe motherhood aimed at promoting the integration of

effective strategies in the development of reproductive health services at the primary health care level and at identifying and promoting essential obstetrics functions at first referral level.

8. Based on the principle that reproductive health goes well beyond providing family planning and maternal and child health services, the UNFPA intercountry programme encompassed awareness creation on the dynamics of relations between women and men, reproductive rights, sexual health and women's empowerment. To reach its fourth reproductive health objective, UNFPA supported projects, executed largely by NGOs, to mainstream gender in the area of reproductive health. As part of the effort, a number of international seminars were held to establish the nexus between reproductive health and human rights. Efforts to integrate a gender perspective into HIV/AIDS programmes were also undertaken. In addition, UNFPA was deeply involved in working on gender and reproductive health in emergency situations.

9. During this cycle, a central effort within the intercountry programme was the coordination of and participation in ICPD+5 activities carried out by UNFPA. Activities included the organization of the Expert Round Table Meeting "Ensuring Reproductive Rights and Implementing Reproductive Health, Including Women's Empowerment, Male Involvement and Human Rights" in Kampala, June 1998; the preparation of the background paper entitled *A Five Year Review of Progress towards the Implementation of the Programme of Action of the International Conference on Population and Development* for The Hague Forum; and providing extensive inputs to the Report of the Secretary-General for the Special Session of the General Assembly containing proposals for key actions for further implementation of the Programme of Action of the ICPD.

10. UNFPA support for contraceptive research and development was instrumental in advances made on new injectables for women, vaginal rings, single contraceptive implant systems and the reintroduction of emergency contraception. In addition, country-level safety studies were conducted on spermicides and microbicides. UNFPA continued to assist activities promoting underutilized and new methods of family planning, including a study on the acceptability and effectiveness of the diaphragm, and groundwork for introducing the female condom.

11. Operationalizing reproductive health activities at the country level was facilitated through global and regional expert consultations. In addition, a menu of thematic indicators was developed for monitoring progress towards meeting the ICPD goals. The UNFPA approach to capacity-building was apparent in the South-South initiative, which focused on training, network building and information sharing. UNFPA support for developing guidelines yielded good results: WHO produced and disseminated guidelines concerning quality of care, information and education, emergency contraception, intra-uterine devices (IUDs), injectable contraceptives, oral contraceptives and HIV/AIDS. A manual on reproductive health in emergency situations was developed, and reproductive health kits were produced and stockpiled for immediate distribution.

12. Through the Global Initiative on Contraceptive Requirements, a key paper was prepared, "Reproductive Health Commodity Requirements and Costs in Developing Regions, 1999-2015". Studies on contraceptive requirements and logistics management needs were completed in 11 countries, followed by expanded publication of the UNFPA contraceptive commodity database on donor-supported contraceptives. Technical assistance and training in logistics management and forecasting were provided through six regional workshops, and a private-sector initiative was begun. The monthly injectable Cyclofem became widely available in three countries as a result of a 16-country market and needs assessment, and the Thailand-based Concept Foundation became self-sustaining through private-sector sales. Strip tests for chlamydia, syphilis and gonorrhoea were developed, and safe motherhood practices were promoted to reduce maternal mortality.

13. Investing in adolescents is an important goal of the Fund to help create a transition towards adulthood. The World Assembly of Youth (WAY) produced a video on adolescent pregnancies for wide distribution to youth groups. The International Programmes Department of Advocates for Youth (AFY) carried out clearinghouse activities and disseminated newsletters, advocacy and research guides for ARH models. In Egypt, Uganda and Zambia, efforts were made to promote the reproductive health of adolescent refugees.

14. Another important area of the Fund's work is that of violence against women. UNFPA developed a Programme Advisory Note on the reproductive health effects of gender-based violence to guide country-level programmatic efforts. In addition, technical consultations were organized on female genital mutilation, with the participation of Governments, NGOs and United Nations agencies, in order to develop new tools and strategies for effective eradication.

15. The results of the ICPD+5 review and appraisal process were reflected in the document approved by a broad consensus during the Special Session of the General Assembly.

16. Project execution was carried out partly by well-established research institutions and United Nations specialized agencies and partly by, or with the involvement of, a number of new partners selected from among regional and national NGOs and other organizations.

17. Issues/Constraints. Few constraints to satisfactory implementation were clearly identified. However, there was much room for improvement, particularly in project monitoring, evaluation and the effective follow-up of such exercises. The pace of activities in a number of projects should be improved, and efforts to obtain more timely feedback from participants in training programmes in some Centres of Excellence could strengthen the content of the training. Overall, however, all four of the objectives in the area of reproductive health were on their way to being achieved.

2. Population and development strategies

18. Objectives. Activities undertaken in the PDS sector sought to: (a) enhance policy makers' understanding of the importance of linkages between population and other aspects of development; (b) integrate population dimensions into development strategies to reflect fully the needs of individuals, particularly those in vulnerable and marginalized groups; (c) strengthen national data systems and country analytical capacities for programme development and monitoring; and (d) conduct policy-relevant research, addressing, inter alia, sociocultural issues, and methodological research to devise conceptual frameworks and assessment tools for possible adaptation to country-level use.

19. Results. In line with the ICPD Programme of Action, emphasis was given to increase the attention of policy makers to the linkages between population and development planning. The most significant undertaking was the large-scale strengthening of the Global Training Programme in Population and Sustainable Development (GTP). Five regional training centres became fully operational, meeting training demands from Asia and the Pacific, Africa, the Arab States and Europe, and Latin America and the Caribbean.

20. The strengthening of GTP required just over 25 per cent of the funds designated for PDS activities in this cycle. Since 1996, approximately $7 million in UNFPA assistance was expended. Given the increasing demand for such training from client countries, more effective use of these centres should be forthcoming. At the same time, UNFPA proposes to encourage greater support for such training investments from regional and client donors and to reduce its own share of funds for this programme.

21. UNFPA continued to experience increased requests from countries to monitor their own policies, programme implementation and progress in reaching ICPD goals, as well as the goals of other major United Nations conferences. Considerable progress was made toward building basic foundations for analysis and research, in particular, in the development of "generic" indicators and supporting methodologies. Undertaken at an intercountry level, these frameworks can subsequently be modified to suit the situations of particular countries. UNFPA supported initial activities with the United Nations Statistical Division (UNSD)/Department of Economic and Social Affairs (DESA), WHO, and research institutes, such as the Netherlands Interdisciplinary Demographic Institute (NIDI), to enhance data collection and analysis capacity. Significant achievements were realized through UNFPA collaboration with UNSD/DESA, most noticeably in the production of manuals and handbooks for censuses and civil registration, and software-based information systems. The strengthening of country data systems is essential to several of the United Nations reform initiatives such as the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF).

22. In addition, UNFPA supported the development and application of rapid assessment methodologies. UNFPA convened the "Expert Consultative Meeting on Rapid Assessment Procedures and Their Application to Population Programmes" (New York, December 1995) to review rapid assessment methodologies for the collection of both quantitative and qualitative data as a complement to random-sampling survey data.

23. Through its interregional PDS activities, UNFPA addressed several issues emanating from recent United Nations conferences. UNFPA worked with United Nations organizations, NGOs and universities to produce practical manuals for the integration of population into environment conservation management and practice. In cooperation with the United Nations Environment Programme (UNEP) and The World Conservation Union (IUCN), UNFPA helped organize the "International Workshop on Population-Poverty-Environment Linkages" (Switzerland, September 1998), which was convened to highlight lessons learned from experiences within the United Nations system and with key partners and NGOs.

24. Another important symposium, sponsored by The Rockefeller Foundation and The David and Lucile Packard Foundation on behalf of UNFPA and organized by the Carnegie Endowment for International Peace, was entitled "Population Change and Economic Development", held in Bellagio, Italy, in 1998.

25. Among the principal research areas supported in the 1996-1999 interregional programme were sociocultural research methodologies which sought to provide frameworks for, inter alia, the study of the impact of social and cultural factors on fertility behaviour, and of the role and status of women. Case studies were undertaken in 12 countries (Bolivia, Cameroon, Ecuador, Fiji, Guatemala, Malawi, Malaysia, Morocco, Mozambique, Pakistan, Uzbekistan and Yemen). It is expected that the typologies developed will be adapted for country-level use and for cross-country comparative studies.

26. International migration and development is an area of increased interest in this era of globalization. UNFPA supported the organization of the "Technical Symposium on International Migration and Development", held in The Hague, the Netherlands (29 June-3 July 1998). Working with such partners as the International Labour Organization (ILO), the International Organization for Migration (IOM), UNSD and the United Nations Population Division, UNFPA supported research to clarify the root causes of migration and to assess the linkages between population trends, economic changes and migration, with special emphases on the situation of women migrants and the collection of gender-specific migration data. UNFPA also worked with IOM and the United Nations Institute for Training and Research (UNITAR) to expand training curricula to sensitize middle-level immigration officers.

27. UNFPA sponsored the "Technical Meeting on Population Ageing" in Brussels, Belgium (6-9 October 1998), in collaboration with the Population and Family Study Centre of Belgium. A key

theme was the lack of provisions in many developing countries for the support of elderly persons outside the family setting.

28. The information dissemination projects funded under the interregional PDS programme included the Population Information Network (POPIN), the *Annual Review of Population Law*, the UNFPA *Inventory of Population Projects in Developing Countries Around the World*, and demographic software, for example, *DemoTables* and *PopMap*. All of these were well received by users and evaluators, due mainly to their quality, usefulness for in-country training and ease of use. Through the POPIN project, UNFPA contributed to the dissemination, in all official United Nations languages, of relevant documents on population-related issues produced by the United Nations and its partners, including documents on the ICPD+5 review process. Internal reviews indicate that the Fund may consider moving away from large-scale print circulation of reports to wider use of on-line dissemination on the Internet. A pilot activity for on-line information, developed with the Committee for National Information on the Environment (CNIE), showed positive results in disseminating population information linked to environment networks at low cost.

29. Since the ICPD, there has been a concerted effort to obtain a more reliable estimate of the level of funding being channelled to population activities. UNFPA collaborated with NIDI to gather data systematically on international resource flows and domestic expenditures for population activities. A database on financial resource flows was established.

30. Special attention was given to mainstreaming gender concerns into population and development policy and programme activities. Increased policy attention was brought to the ongoing work of the United Nations Treaty Bodies, beginning with the "Round Table of Human Rights Treaty Bodies on Human Rights Approaches to Women's Health, with a Focus on Sexual and Reproductive Health and Rights", held in Glen Cove, New York, in 1996, to promote reproductive rights. In statistics and methodological work, UNFPA supported the database on women *WISTAT*, at UNSD, to ensure that censuses and surveys contain a gender perspective; and several monographs, including the influential *World's Women*, a statistical narrative on the situation of women in all regions.

31. Issues/Constraints. An internal review of the performance and impact of PDS projects was conducted. Notwithstanding numerous achievements, many projects had been developed in an ad hoc manner in direct response to felt needs. Sometimes, objectives were too ambitious. Sometimes, intermediate benchmarks were not stated or expected. Many activities would see benefits only over the longer term rather than within the programme's four-year cycle.

32. In the case of major projects, enhanced direct substantive involvement by TPD staff in the initial development, benchmark review and evaluation stages of the programme would result in improved quantitative and qualitative results.

3. Advocacy

33. UNFPA develops and manages its interregional advocacy efforts primarily through its Technical and Policy Division and the Information and External Relations Division. The Fund's advocacy efforts were guided by the broad statement of aims approved by the Executive Board for the 1996-1999 intercountry programme:

> "to strengthen and broaden the base of policy support for efforts of concern to the Fund in the areas of health; the empowerment of women; poverty alleviation; and the environment. Under the . . . programme, UNFPA would continue to work with policy makers, parliamentarians and international NGOs and their networks concerning advocacy in the area of population and sustainable development."

34. Objectives of activities coordinated by TPD. The objectives of activities coordinated by TPD were to pursue the above-stated aims through the production, distribution and dissemination of publications, computer software and audiovisual materials and to support other advocacy efforts at the interregional level.

35. Results. The contents of projects which had been in operation for several years and which still played an important advocacy role were changed to reflect ICPD terminology and focus. This was verified in a recent analysis of the outputs (publications and the provision of information databases through CD ROMs) of 16 projects, principally from the information field. The analysis concluded that these projects advocated the main concerns of the ICPD through substantive articles and information on issues of reproductive health, adolescents' needs, women's empowerment and education, quality of care, and population and development. The outputs from the major interregional projects managed by TPD were of uniformly high quality in their presentation, content and coverage of ICPD issues. Only a few partners were involved in the major projects; these were traditional allies in the population field and included the United Nations Population Division, the Population Institute, The Population Council, and the Japanese Organization for International Cooperation in Family Planning (JOICFP).

36. Issues/Constraints. Most of the interregional advocacy projects appeared to be working well but they lost out on the value-added potential to be gained from linkages with other projects. Results or materials produced for one project were not necessarily reported or used by the other interregional projects. This was also true of many projects in other areas of the intercountry programme.

37. Valuable capacities have been built around the world for the flow of population information. Long-term support for some of the key projects under review ensured that

population information dissemination systems were well established. For quality publications, the coverage of relevant issues was extended, and distribution was expanded. Also, information dissemination campaigns kept the profile of population and reproductive health high on the agenda in many countries. Policy decision makers and gatekeepers (for example, population programme managers, parliamentarians and media managers) were reached with relevant information.

38. Among the constraints noted was the difficulty of identifying criteria for measuring and reporting on accomplishments in project proposals and progress reports. As a result, UNFPA initiated evaluations and user surveys, especially for the projects receiving over $750,000 for the four-year period 1996-1999. Some of these surveys have been completed and have provided solid evidence of project accomplishments.

39. Objectives of activities coordinated by IERD. The objectives of activities coordinated by IERD were to mobilize resources for the ICPD Programme of Action, including private-sector support from not-for-profit foundations and innovative arrangements with corporations, and to increase awareness of the role of population in development as well as the role of UNFPA. The intended audiences were Governments and parliamentarians; the communications media; NGOs, especially those with a focus on population; opinion leaders, including political and religious figures; formal and informal educators; intergovernmental bodies; and the public. IERD expenditures and allocations for the programme amounted to $19.5 million as of late 1999. This programme complemented and enhanced the IERD-managed advocacy efforts supported under the Fund's support budget.

40. Results. IERD produced and distributed the annual *State of World Population* report, a rich source of information and projections that is central to UNFPA advocacy efforts and serves many purposes and audiences. The full text is made available on the UNFPA Web site and is often used by NGOs for their own campaigns. It is also used as a resource for seminars held to raise journalists' awareness of population issues.

41. UNFPA improved the flow of information to NGOs and helped them to be more effective advocates for mobilizing resources and achieving ICPD goals. The quality of the information made available to world media and the public improved year by year, as independent surveys show. The training of journalists in population issues enhanced the press coverage of the Fund. Cooperation with private foundations increased, resulting in new funding for specific ICPD initiatives.

42. UNFPA also increased its actvities with NGOs, especially in Europe and Japan, through its programme of block grants. It joined hands with 18 European NGOs to increase the visibility of UNFPA in Europe and to raise awareness about international population assistance, gender equality, women's empowerment, reproductive rights and the ICPD+5 review.

43. UNFPA sponsored many regional meetings of print and TV representatives from the developing and industrialized world to create a nucleus of informed journalists. Seminars were held in Prague, Dublin, Paris and The Hague to sensitize some 250 journalists to the implications of the ICPD and to highlight the Fund's role in implementing the Programme of Action. UNFPA also cooperated with a variety of news agencies and employed NGOs and United Nations organizations for special campaigns to promote ICPD messages. Its resources for advocacy were teamed with those of the United Nations Department of Public Information and the United Nations specialized agencies for the production of films, radio programmes and brochures and for participation in international conferences.

44. Issues/Constraints. Constraints arose from changes in the ways media representatives and the public receive information and from growing competition for media attention presented by other advocacy issues that had little to do with population and development. Other difficulties resulted from the rising costs of printing and distribution and from challenges posed by the rapid growth of new information vehicles, such as the Internet. Meeting the challenges in a positive spirit will be essential to overcoming the constraints.

45. UNFPA must increasingly formulate simple messages to communicate in a complex media environment.

B. Regional programmes

46. The regional component of the 1996-1999 intercountry programme was $73 million. The distribution among the regions approved by the Executive Board was: Africa, $28 million; Asia and the Pacific, $19 million; Arab States and Europe, $12 million; and Latin America and the Caribbean, $14 million.

1. Africa

47. Objectives. Training was planned to be the predominant mechanism to enhance capacity-building in the region and implement population programmes, policies and strategies at the country level. The broader objective was to attain greater national autonomy in programme planning, delivery and management. Other major objectives concerned the Fund's three programme priorities. In reproductive health, the task was to reorient clinical training to a broader focus, strengthen courses for trainers and managers in the wake of the ICPD Programme of Action, expand the training-of-trainers concept for management training and reorient information, education and communication (IEC) training. In the PDS core area, efforts focused on meeting the increased demand for reliable statistical data, including gender-specific statistics, while also meeting the need for expanded scope and coverage of the data. Efforts also focused on training personnel and supporting relevant research.

48. In advocacy, the regional programme had three goals: (a) to convert awareness of population and reproductive health concerns into decisive political commitment to confront problems; (b) to extend such awareness and commitment to leaders at central, provincial and local levels, and (c) to ensure that the population was made aware of the importance and availability of reproductive health services, including those for youth.

49. Results. Of eight initiatives developed under reproductive health, five training projects were in progress (English, French and Portuguese), including two dealing with IEC, two concerned with reproductive health among refugees, and one concerned with integrated community-based delivery of services. In all training projects, special efforts were made to attract female participants. With the exception of refugee activities, all of the projects had been launched under an earlier cycle with the same implementing partners -- the Mauritius Institute of Health, Université de Montréal, the Government of Portugal, JOICFP and UNFPA. The predecessor projects, however, were modified to respond to new policies and strategies following the ICPD. New implementing partners were engaged for the refugee projects: the African Medical and Research Foundation (AMREF) and the International Federation of the Red Cross and Red Crescent Societies.

50. In the area of PDS, four training and research projects were ongoing. These had been developed under earlier cycles and still retained their initial implementing partners: the Regional Institute for Population Studies (RIPS); Institut de Formation et de Recherches Démographiques (IFORD); Centre d'Etudes et de Recherche sur la Population et le Développement (CERPOD) and Institut de Développement Economique et de Planification (IDEP). Here, too, modifications were introduced and new strategies developed in the light of new ICPD training priorities.

51. Capacity-building for advocacy was undertaken at the Organization of African Unity (OAU); an African Population Commission was established; and projects were launched with parliamentarians, national-level networks of women ministers and youth-related organizations. New implementing partners included the Forum of African and Arab States Parliamentarians on Population and Development, the Conference of Non-Governmental Organizations and The Centre for Development and Population Activities (CEDPA). The programme also served to strengthen collaboration with other United Nations organizations and agencies, including the Economic Commission for Africa (ECA), within the context of the United Nations Special Initiative for Africa and the regional ICPD+5 review exercise.

52. Training was the predominant function in the reproductive health and PDS sectors. By the end of the cycle, it is expected that close to 1,000 trainees will have participated in one of the five regional reproductive health training programmes.

53. Tangible results were also evident in the advocacy sector, especially with respect to the two projects dealing with African political leaders. Eleven national-level Networks of Women

Ministers and Parliamentarians were established, and all undertook advocacy, lobbying and sensitization activities. In addition, some 15 regional meetings were organized, contributing significantly to moving the reproductive health agenda forward in the region.

54. Issues/Constraints. Among the issues emerging during the current cycle were sustainability, evaluation and measurement of the impact of training programmes across sectors. Although many of the projects reviewed benefited from internal evaluations, it will be critical in the next cycle to include external evaluations and instruments to measure impact in project design and budgeting. The cost-effectiveness of regional training needs to be scrutinized as national-level training gains in priority.

55. In the advocacy sector, direct work with and among political leaders produced exceptional returns. The recent adoption of more responsive population-related laws and policies indicated that good results were being achieved in lobbying and sensitization efforts of the recently formed national advocacy committees. In the next cycle, other groups within civil society should be considered under these kinds of activities. The mechanism of bringing together similar groups for periodic regional conferences provides important visibility and creates valuable networks. Regional conferences could be more strategically planned at the beginning of the funding cycle.

56. By the third quarter of 1998, the projects under implementation had substantially contributed to achieving the goals of the regional programme. The single most important achievement was the contribution made to capacity-building across all three programme priority areas. This was achieved because of the emphasis on training activities.

57. Most of the projects were outgrowths of earlier initiatives developed with old partners, either within the United Nations system or outside of it. New partnerships were developed, however, for work with refugees and for advocacy activities. In the last decade, the number of NGOs and international NGOs working in all the priority areas of UNFPA expanded considerably, and much of the cutting-edge work was being done by them. The best way to promote new partnerships would be to develop new project-solicitation and approval mechanisms. For the next funding cycle, important substantive areas lending themselves to regional attention would include HIV/AIDS, refugee and emergency situations, the youth agenda and the reduction of maternal mortality.

2. Arab States and Europe

58. Objectives. For reproductive health in the Arab States, the regional programme aimed mainly at strengthening management, improving the quality of reproductive health services, and ensuring the availability of culturally sensitive IEC and training materials; in Europe, objectives addressed training needs of countries with economies in transition (in a context of shifting from abortion to contraception) and pursued regional policy-oriented research. With respect to PDS, in the Arab States, the central goal of the regional programme was to reinforce the commitment

of Governments to adopting population programmes, formulating multisectoral policies, and promoting country-level efforts to improve the status of women. In Europe, there was a need for capacity-building in census management and for generating policy-oriented research. In the Arab States, the advocacy task was to raise awareness of the important relationship between the status of women and population and development, especially among civil society, religious leaders, educators and policy makers. In Europe, regional goals were to promote reproductive health programmes and related IEC among young people in countries with economies in transition.

59. Results. Reproductive health activities in the Arab States were implemented through six projects directly addressing the improvement of management and quality of services; other projects supported research and information dissemination under both the Gulf Family Health Survey programme and the Pan Arab Project for Child Development (PAPCHILD) survey. Projects covered reproductive health-related advocacy, supporting policy issues as well as WHO initiatives. In Europe, projects concentrated on training in service delivery and contraceptive technology and on improving data collection and analysis in family planning and reproductive health.

60. PDS projects in the Arab States included policy-oriented research, NGO management training and the dissemination of information on population and development. In Europe, interrelated projects supported policy-oriented research on fertility decline, ageing and migration. In the advocacy sector, assistance in the Arab States was directed to studies and information activities on women's reproductive health, the role of Arab women, empowerment of youth, and post-ICPD advocacy concerns. In Europe, projects worked to raise awareness of reproductive health among youth and to mobilize donors for the year 2000 round of population censuses.

61. Under reproductive health projects in the Arab States, for example, most planned training activities were successful. Training included situation-analysis methodology for programme managers; reproductive health service delivery in refugee camps; workshops on population, gender and reproductive health for Islamic educators; and training in reproductive health and youth issues for radio broadcasters. The regional programme contributed significantly to capacity-building in PDS through the establishment of a regional population database, while Arab NGO management and networking capabilities were reinforced through training.

62. Advocacy work at both regional and in-country levels helped considerably to raise the awareness of targeted groups and the public about post-ICPD concerns. Country and regional meetings were focused on critical issues, and the results were widely disseminated. Such meetings included "Youth and the ICPD Programme of Action" and the "Arab Regional Meeting, Beijing Year One" (Jordan), the "Intercountry Meeting on Women's Health and Quality of Life" (Tunisia), the "Intercountry Meeting on the Pursuit of Safe Motherhood" (Yemen), the "International Conference on Population and Reproductive Health" (Al Azhar, Egypt) and the "Regional Meeting on ICPD+5" (Lebanon).

63. In Europe, postgraduate training in reproductive health service delivery, counselling and advanced contraceptive technology was conducted for medical professionals from countries with economies in transition. Comprehensive training continued for staff from 21 national statistical offices. The population research project, implemented by the Economic Commission for Europe (ECE), completed planned databases and publications on fertility transit migration and ageing.

64. In advocacy, two important meetings were convened in 1997: a donors' conference in Switzerland and a regional meeting in Denmark on youth and reproductive health, focusing on needs in Central Europe and newly independent states of the former Soviet Union.

65. Issues/Constraints. In retrospect, it was observed that the project approval process functioned in an ad hoc manner and that it was not conducted within the framework of a global regional strategy. The main constraints to full programme implementation, however, concerned administrative procedures governing multiple financing arrangements for executing agencies and the process of institutionalization. These difficulties may require revision of existing coordination mechanisms and a review of the criteria for the selection of executing agencies.

66. The transfer of skills acquired through regional training (and follow-up at the country level) was another issue of concern in all the core activity areas, demonstrating the need to develop adequate follow-up mechanisms to permit a more solid assessment of outputs.

67. Programmes for both subregions made some advances in broadening the numbers of dedicated partner agencies and organizations. The effort produced some new institutional and intergovernmental links and, in the case of the Arab States, forged active collaboration with national and regional NGOs and with international NGOs.

68. Important lessons were learned from analyses of positive outcomes of the current programme cycle. For example, successful implementation appeared to depend upon (a) the employment of institutions that combined demonstrated managerial skills with technical expertise and (b) the development of project strategies flexible enough to permit adjustments to specific country needs. Implementation efforts were enhanced by the close monitoring and involvement provided by UNFPA Country Technical Services Team (CST) experts and by the timeliness of evaluations that allowed for corrective measures. As of late 1998, seven in-depth, independent evaluations in the Arab States, and five in Europe, had been undertaken.

69. Among the noteworthy achievements were advances in promoting the adoption of a comprehensive approach to reproductive health, broadening the scope of a new regional survey, and including advocacy and peer counselling in a major regional reproductive health project for youth. Advocacy projects surpassed their expected outcomes, and this was attributed to the use of a wide range of media to reach diverse target audiences. Important strides were made in

raising awareness on women's reproductive rights, especially among youth groups, religious and community leaders and academics. In the process, ICPD concepts were clarified and their consistency with basic Islamic principles demonstrated.

3. Asia and the Pacific

70. Objectives. The main objectives of the regional Asia (RAS) programme were: (a) in reproductive health, to meet the training needs of professional health care service providers so that they could focus their efforts more effectively on integrating family planning, safe motherhood and sexually transmitted diseases (STDs)/HIV/AIDS, and address quality-of-care issues while mainstreaming gender relations in reproductive health and improving the ARH status; (b) in PDS, to strengthen and maintain a cadre of population specialists, provide an improved population database, support policy measures promoting gender equity and equality, and introduce programmes for the elderly through policy-relevant research; and (c) in advocacy, to maintain a high-level political commitment to the Programme of Action and to encourage gender equality and equity as a strategy to improve the health of the population in Asia and the Pacific.

71. Results. The RAS programme comprised 32 projects distributed in three thematic areas: 16 projects in reproductive health, 8 in PDS and 8 in advocacy.

72. Among the projects in reproductive health which aimed at meeting training needs, 10 projects focused on community-based service-delivery models and 1 on strengthening and promoting collaboration between the Government and NGOs. Four projects provided assistance for research in four countries concerning: (a) gender relationships among Muslim women; (b) the development of reproductive health indicators; (c) sexual abuse among children; and (d) an assessment of reproductive health care. Two projects supported IEC and advocacy with a special focus on ARH and male involvement in reproductive health.

73. Of the 8 projects in PDS, 4 provided support for research on female migration and employment, problems of ageing and support for the elderly, and the effects of the present economic crisis in Asian countries. The remaining PDS initiatives intended to improve the quality of population data and technologies for data collection and dissemination, and to develop information networks to improve coordination among national and subregional centres.

74. Advocacy projects promoted awareness and networking among parliamentarians. They also contributed to creating awareness among policy makers in population and development, as exemplified in UNFPA support to a regional conference on food security and population, reviews of the ICPD Programme of Action progress and increased information-sharing within the region.

75. Many countries received support from the regional programme in order to formulate policies, develop services and training systems, and address emerging issues such as ARH and gender perspectives. The majority of the regional projects contributed to building regional capacity in training, research, advocacy and policy support. In addition, reproductive health training and advocacy activities served to place reproductive health care at the centre of health programmes and to commit professionals to an integrated reproductive health approach.

76. The regional projects were executed by 15 partner agencies, including NGOs, United Nations agencies and academic institutions, all of which have played leading roles in the areas of population and development in the region. Further opportunities were created to involve a significant number of national NGOs by way of introducing collaborative arrangements with the Fund's traditional executing agencies such as the Economic and Social Commission for Asia and the Pacific (ESCAP), JOICFP, Asian Forum of Parliamentarians on Population and Development (AFPPD) and Asian Population and Development Association (APDA). They have accumulated extensive knowledge on population and development and provided technical support to countries in the region for national policy formulation and programme development. The regional mechanisms established by executing agencies and the cumulative reserve of experience among them are expected to have a strong impact -- beyond the programme cycle -- in generating political support for population policies.

77. Issues/Constraints. The regional programme lacked sufficient mechanisms for coordination, monitoring and evaluation, both laterally, among the regional projects, and vertically, among interregional and country projects implementing similar activities. Thus, programme impact was somewhat limited because of the absence of means for transferring tools, methods, experience and technology from global to regional and from regional to national levels. Similarly, the application at the national level of the contributions of some regional projects in training, research and materials development was limited.

78. It is expected that, by the end of the programme, the overall goals and objectives of RAS projects will be achieved. However, effective mechanisms for coordination, monitoring and evaluation should be put in place to reinforce the objectives of each project and maximize programme impact. Moreover, in project execution, it is critical to involve multiple agencies that could complement skills and experiences to build a multidisciplinary sense into the project implementation process.

4. Latin America and the Caribbean

79. Objectives. For reproductive health, the objectives were: (a) to clarify and promote reproductive health to strengthen national programmes; (b) to study existing institutional arrangements for reproductive health services in the countries of the region and recommend appropriate organizational restructuring; (c) to learn how national programmes respond to the needs

of women and adolescents and to make recommendations to improve them; and (d) to support innovative multi-country action projects to permit countries of the region to benefit from the exchange of experiences and knowledge.

80. For PDS, the objectives were: (a) to support investigation of selected topics, including the impact of investing in reproductive health; (b) to develop methodological bases and systems for socio-demographic data collection and analysis at the municipal level in Central America; (c) to promote the availability of up-to-date methodologies and technologies in data collection; (d) to support sociocultural research for reproductive health policies and programmes; (e) to inform and train parliamentarians to formulate policies sensitive to population issues and to negotiate budgets for them; (f) to include population issues in the Economic Commission for Latin America and the Caribbean (ECLAC) Social Panorama, and (g) to develop human resources in key population fields, with emphasis on Central America.

81. For advocacy, the objectives were: (a) to reach opinion leaders and policy makers; (b) to clarify the ICPD Programme of Action and broaden political support; and (c) to strengthen links with NGOs involved in social and community development among marginal urban, rural and indigenous populations and with poor women, in general.

82. A few projects from the previous cycle continued (with goals updated and revised) into the early part of the new cycle. Ceilings were imposed, affecting expenditure levels, but the resulting allocations largely followed the approved distribution pattern.

83. Results. Under reproductive health, initiatives were undertaken to improve conditions for poorer women, adolescents and indigenous groups, while advocacy campaigns promoted access to services and efforts to prevent violence against women. Knowledge was exchanged among NGOs and the governmental sector, and research on existing patterns of surgical contraception supported the concept of ensuring an adequate mix of contraceptives. The programme also funded training in reproductive health and population in schools of health, while supportive advocacy efforts brought population, reproductive health and rights and gender concerns to regional forums to influence political decision-making.

84. PDS projects included support for the development of population databases, provision of new technologies for census activity, dissemination of socio-demographic data, and demographic training. A household-based study of links between fertility, family formation, educational attainment and intergenerational transmission of poverty was commissioned.

85. Noticeable progress was made with respect to planned objectives. Advances were made in promoting reproductive health and rights. Considerable activity in the PDS sector was recorded, especially in assistance to countries for improved methodologies and technologies for upcoming census rounds. In the advocacy core area, efforts related especially to increasing awareness of the

concept of reproductive health. Regional meetings were conducted for professionals, policy makers and parliamentarians, and there was a major regional workshop for NGOs on the topic of reproductive health awareness; this was followed by training at the country level. Much effort was also made to support the participation of key nationals to speak up for ICPD goals in regional forums on economic and social issues. There was a noticeable increase in organizations involved in the current LAC programme. Some of the relatively new partners -- women's NGOs and other organizations -- successfully fostered the spirit of the ICPD, but their sustainability without donor support remained a matter of concern. Direct UNFPA execution was reluctantly chosen where there were no alternatives. Monitoring and evaluation procedures were applied uniformly to all major projects.

86. Issues/Constraints. The most successful results were obtained in mobilizing women's groups. All groups, especially adolescents, were expected to benefit from the encouraging results. Overall, the advocacy efforts in networking and the dissemination and exchange of information helped mobilize the support of large numbers of national and regional NGOs, parliamentarians and individual Governments in the region. The advocacy work should continue in view of the influence in the region of religious and other groups antagonistic to ICPD concepts, although efforts were made to interact with these groups.

87. In its regional drive to enhance national capacity, UNFPA focused on influencing those who might, in turn, influence service providers and educators. NGO energies were harnessed to emphasize women's reproductive rights and the needs of adolescent and indigenous populations. At the same time, there was a scaling back of involvement with traditional partners unwilling to pursue ICPD aims. More attention was paid than in the past to obtaining a return on funds provided, in terms of visibility and progress towards objectives.

III. CONCLUSIONS AND LESSONS LEARNED

88. This review of the intercountry programme, 1996-1999, reveals considerable progress in meeting objectives. More systematic monitoring is needed, however, to improve the efficiency and effectiveness of programme performance. To assess impact in a more cogent manner, intercountry activities should have defined their objectives in terms of measurable outputs and more clearly specified intended outcomes. A more proactive involvement by UNFPA in maintaining links with projects' executing partners -- especially those operating within institutions, teaching and research settings and large central agency offices -- would also improve both the quality and pace of implementation.

89. Some recurring issues bear further attention as UNFPA prepares to develop the next intercountry programme cycle. There was little evidence of information exchanges among projects and their managers, especially in projects having information outputs, such as research

studies, publications and Internet postings. Insufficient exchange of expertise and knowledge and technology transfer from one programme level to another also remains a matter of concern.

90. A welcome trend was the broadening range of partners in the execution of the current programme. The involvement of traditional executing agencies declined while the involvement of regional, national, governmental, intergovernmental and specialized groups noticeably increased. For example, in the interregional reproductive health programme, in addition to well-established research institutions, such as The Population Council, Program for Appropriate Technology in Health (PATH) and United Nations specialized agencies (WHO, the ILO and the Joint United Nations Programme on HIV/AIDS (UNAIDS)), other groups took part, such as CEDPA, AFY, the International Federation of Obstetrics and Gynaecology, the Concept Foundation, Alan Guttmacher Institute, WAY and the International Federation of Medical Student Associations. The World Bank, The Rockefeller Foundation, the William H. Gates Foundation and UNFPA provided technical/financial support for the Partners in Population and Development, an intergovernmental initiative created to promote South-South collaboration in reproductive health.

91. There is still room for improvement in mainstreaming gender and expanding research and training on gender-based data collection and analysis. A major challenge to the Fund's ability to pursue its advocacy objectives is the increasing competition for attention and space in the communications media.

92. Although the overarching objective of strengthening country capacity to implement the ICPD Programme of Action lent considerable coherence to the 1996-1999 intercountry programme, ad hoc activity was considerable. Efforts are needed to identify and justify why activities are being pursued at intercountry levels and to specify how they benefit country-level activities. The 1996-1999 programme encompassed a greater diversity of partners, particularly NGOs; however, the preponderance of United Nations agency-executed activities continued. Efforts should be made to work with a greater range of partners and to pursue various modalities for selecting executing entities.